

The King County Ethnicity and Health Survey

Seattle-King County Department of Public Health
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Executive Summary

In 1995 and early 1996, the Seattle-King County Department of Public Health conducted the Ethnicity and Health Survey among King County adult residents (age 18 and older) of African American, Latino/Hispanic, Chinese, Filipino, Japanese, Korean, and Vietnamese heritage. These groups are seven of the largest ethnic minority groups living in King County. In 1990 these groups comprised approximately 84% of all racial and ethnic minorities living in the county and 14% of the total King County population.

This survey was designed to identify specific health needs and lead to a discussion of appropriate disease prevention services for these communities. Questions on the survey pertained to health status, access to health care, risk factors for chronic disease and personal injury, diagnosis of certain medical conditions and use of disease screening measures. While members of each of the communities represented in this report and persons knowledgeable about the health concerns of these communities have provided valued assistance in developing this study and report, we accept sole responsibility for the content of this report. Due to the sensitive and serious nature of the issues we report here, there will be disagreement about methods and interpretation, but we are hopeful that this report will be a catalyst for both positive discussion and action designed to improve the health of all King County residents.

All survey respondents were selected at random and interviewed by telephone. African American respondents were selected using general phone listings for residents of Central and Southeast Seattle where higher proportions of African Americans live. Other respondents were selected using ethnic-specific surnames listed in King County telephone directories. Upon initial telephone contact, all respondents were asked to self-identify their race or ethnicity and if they belonged to one of the groups of interest, they were invited to participate in the survey. American Indians and Alaska Natives living in King County were not surveyed due to constraints of the survey methodology which made both geographical and surname sampling unfeasible. Health assessment among American Indian and Alaska Native residents, however, is a priority and will be addressed in upcoming surveys or reports.

Survey questionnaires were translated into Spanish, Cantonese/Mandarin, Tagalog, Korean, and Vietnamese. Interviewers were available to conduct interviews in these languages when requested by the respondent. The number of respondents contacted ranged from 205 African Americans to 333 respondents of Vietnamese heritage. A

countywide sample was also obtained to produce King County averages. The total sample of all respondents included in the survey was 2,427.

This survey was conducted on the premise that race and ethnicity are markers for complex social, economic and political factors that are important influences on community and individual health. Moreover, many of the communities surveyed are made up of many individuals who may have recently immigrated to this country or are refugees who may have special health needs or who may have difficulties in accessing a health care system to which they are not accustomed. Historically, all of these groups have been to a large extent excluded from routine health assessment or have been grouped together in manners that obscure the health needs of individual communities.

While the Ethnicity and Health survey attempts to examine health-related issues in these communities in some depth, results of this survey should be interpreted with some caution. In particular, respondents of this survey do not necessarily represent all members of a given community, since only persons with working telephones and listed phone numbers could be included. The African American respondents included in this survey are limited to only those living in Central and Southeast Seattle. To provide a broader perspective on the health and access to health services of African Americans living in all parts of King County, some information, comparable to the Ethnicity and Health Survey, has been included in this report from the Behavioral Risk Factor Surveillance System surveys conducted by the Washington State Department of Health in the years 1993 to 1997. None of these surveys, however, include many Africans who have recently immigrated to this country. Surname list sampling may also have excluded many eligible respondents who do not have surnames specific to the ethnic groups included in this survey. These results may also be limited due to language barriers (e.g., the survey was not translated into Japanese) or misinterpretation of translated questions. Respondents may also have been reluctant to answer personal questions over the telephone. Undocumented persons (i.e., non-U.S. residents or citizens) may have declined to participate in the survey due to fear of deportation.

Key findings. The health profiles of the seven groups reveal both similarities and distinct differences. Each group exhibits unique strengths and challenges which are elaborated in detail in the main text of this report. Some of the common strengths evident with respect to many of the respondents which may indicate a lower health risk when compared to the average risk for all of King County include:

- *Lower rates of smoking among women.* The rate among many of the women of Asian heritage (particularly Chinese, Filipino, Korean and Vietnamese) was substantially below (5% or less) the countywide average (15%).
- *Lower alcohol consumption.* All of the groups reported drinking any alcohol in the past month at rates that were consistently below the countywide average of 63%.
- *Lower rates of possession of unlocked guns.* Respondents in each of the surveyed communities reported possession of unlocked guns at substantially lower rates (4% or less) than the average for all King County (10%)

On the other hand, some health risks or barriers to health services were more common than the county average among many of the groups and may indicate a higher than average health risk. These included:

- *Believing health status to be "fair" or "poor."* With the exception of respondents of Chinese or Japanese heritage, all of the other groups of respondents considered their health to be "fair" or "poor" much more often than the county average. Nearly one third of respondents of Korean or Vietnamese heritage felt this way compared to one tenth of respondents countywide.
- *Smoking among men.* Rates of smoking were considerably higher among male respondents of African American, Korean, and Vietnamese heritage (42%-45%, 29%, and 38%, respectively) than among men countywide (19%).
- *Not receiving needed dental services in the past year.* Nearly 20% or more of respondents of African American, Latino/Hispanic, and Korean heritage reported not receiving needed dental care in the proceeding 12 months compared to 8% of all residents countywide.
- *Not having blood pressure or cholesterol screened.* Respondents of Latino/Hispanic, Korean, and Vietnamese heritage reported having their blood pressure checked in the past two years and having their cholesterol checked in the past 5 years at rates significantly lower than countywide averages. African American respondents living in all parts of King County also had lower rates of cholesterol screening when compared to the countywide average.
- *Lower utilization rates for breast and cervical cancer screening among women.* Women respondents of Latino/Hispanic, Chinese, Filipino, Korean and Vietnamese heritage all reported screening for breast and cervical cancer (i.e., having a Pap test, clinical breast exam, and mammogram) within recommended time intervals at substantially lower than rates reported countywide. As an example, only 18% to 57% of these women, age 50 and older, reported having a mammogram and clinical breast examine in the past two years compared to 67% countywide.
- *Lower vaccination coverage among elderly adults (65 and older).* Elderly respondents of all of the Asian heritages included in this survey reported having a pneumonia vaccination at rates substantially lower (i.e., 30% or less) than the countywide average (42%).

Results of this survey also revealed several factors which may be associated with difficulties in accessing health services or utilizing health promoting screening measures. These factors included:

- *Discrimination when seeking health services.* Nearly one third of African American respondents living in Central or Southeast Seattle reported having experienced discrimination based on their race/ethnicity when seeking health care. Ten percent or more of respondents of Latino/Hispanic, Filipino, and Korean heritage also reported having experienced discrimination based on

race/ethnicity when seeking health care. Difficulties in accessing health services or in utilizing health promotional services were evident for all seven survey groups among those reporting discrimination based on their race/ethnicity or more broadly based on any reported discrimination (based on race/ethnicity, gender, or socioeconomic status). As an example, respondents of all groups who reported being discriminated against reported delaying to seek health care in the past 12 months at a higher rate than respondents who did not report being discriminated against.

- *Living in poverty or near poverty.* For example, respondents with household incomes less than 200% of the poverty threshold reported not having health insurance much more often than those with higher incomes.
- *Not having health insurance (age 18 to 64).* One third or more of the respondents of Latino/Hispanic, Korean, or Vietnamese heritage reported not having health insurance compared to one tenth of the respondents countywide. For all groups, however, respondents without health insurance consistently reported being denied needed medical services at higher rates than those with health insurance.
- *Recent immigration and language barriers.* Recent immigration and potential language barriers (based on preference for conducting the survey in a language other than English) were associated with difficulties in accessing health services and utilization of screening measures. One example pertains to respondents who have lived in the U.S. for less than 10 years. These respondents had significantly lower rates of cholesterol screening in the past 5 years than respondents born in the U.S.

In summary, the seven ethnic groups share important strengths and challenges. Each group is also faced with its own specific set of health needs and challenges. Efforts to improve the health of all King County residents must recognize the increasing diversity of King County residents and provide interventions that are specific and culturally appropriate to the concerns of each ethnic group.